

Understanding Patterns of Network Versus MTF Utilization among TRICARE Beneficiaries

Background: The Center for Health Care Management Studies initiated a study in FY 2004 to facilitate research on complex chronic illness (CCI) of Military Health System (MHS) beneficiaries by developing a cooperative program of health care research with the Consortium on Complex Chronic Illness, Quality and Equity to provide comparative reports on prevalence and strategies for effective treatment of CCI in the MHS.

Purpose: This extension to the main CCI study will describe the types of services that are more and less likely to gravitate to the TRICARE purchased care network, and the characteristics of individuals more and less likely to use TRICARE network providers relative to military treatment facility providers. The results from this analysis will help the TMA effectively manage and anticipate demand for services both within military treatment facilities (MTF) and the MHS networks. Specific goals of the study include:

Goal 1: To characterize the service categories (e.g. behavioral health, surgery) most likely and least likely to gravitate to network utilization relative to MTF.

Goal 2: To identify characteristics of TRICARE beneficiaries most likely to seek care in network settings rather than MTF settings.

Goal 3: To assess the cost implications of service migration to network sites versus MTFs.

Design: The study will begin by examining patterns of TRICARE network utilization relative to MTF utilization for select categories of service and/or conditions among TRICARE Prime beneficiaries under age 65. The study will then describe or characterize the types of care most likely to “migrate” to network settings/providers and the cost implications of such patterns for the Military Health System.

Univariate and multivariate analyses will be used to determine the characteristics of care likely to be provided in Tricare network locations. Predictive models (logit or Probit models) will be used to predict the likelihood of future network utilization versus MTF utilization according to (1) patient characteristics and (2) classes of service or conditions. Key patient variables will include sex, race, military rank, age, among others. The models will produce estimates of the likelihood that a specific class of service will migrate to network sites versus MTFs. The predictive models will include patient and case-mix variables from Year 1 data (2002), with use of service category variables based on Year 2 data (2003). The dependent variable will be a dummy variable indicating network vs. MTF as the site of care.